The importance of a compliance check – if any section of any of these boxes is not complete, you run the risk of being deemed ineligible. Use 'NA' if it doesn't apply to you.

1. Personal details of Chief Investigator

Personal details of Chief Investigator	
Surname	
First name(s)	
Title	(Prof, Dr, Mr, Mrs, Ms etc)
Gender	Male/Female
Postal address	
Suburb/town	
State	
Postcode	
Country	
Work phone number	
Mobile phone number	
Email address *(contact is via email in the first instance)*	

2. Qualifications of Chief Investigator

Academic/research qualifications – Copy and paste the table below as many time as required	
Academic qualification (e.g. BNurs, MSN, PhD)	
Institution	
Year	
Topic/Majors	

Clinical qualifications – Copy and paste the table below as many times as required	
Professional Qualification (e.g. certificate, FACN)	
Institution	
Year	

Clinical registrations – Copy and paste the table below as many times as required	
Clinical registration type (e.g. general)	
Professional body and jurisdiction	
Registration number	
Status (e.g. current)	

Current appointments and research appointment/s - Copy and paste the table below as many times as required for each separate appointment	
Job title (e.g. Clinical Nurse, Research Fellow)	
Organisation (e.g. Metro North Hospital and Health Service)	
Location (e.g. Royal Brisbane and Women's Hospital)	
Current status of position (e.g. permanent full time/temporary full time/part time/contract)	

Associate Investigator/s Detail all Associate Investigator/s. Copy and paste the table below as many times as required.	
Name	
Job title (e.g. Clinical Nurse, Research Fellow)	
Organisation (e.g. Metro North Hospital and Health Service)	

Location (e.g. Royal Brisbane and Women's Hospital)	
Current status of position (e.g. permanent full time/temporary full time/part time/contract)	
Role in project team	
Percentage contribution of team member to the project	
Briefly describe the benefit of the collaboration	

3. Research plan

Title of research project *(maximum 100 words)*

Quantitative studies:

1. Participants
2. Intervention
3. Outcome
4. Method

Example

An evidence-based intervention to prevent taxane-induced neurotoxicity in breast cancer: An effectiveness-implementation hybrid study.

Qualitative studies

1. Participants
2. Problem
3. Outcome
4. Method

Example:

Determinants of the health-promotion and risk-reduction practices of younger female survivors of cancer: A Grounded Theory study

Background and literature review *(maximum 500 words)*

What is the problem?

Why is addressing this problem important? Use hard data wherever possible.

What do we know about the problem?

What don't we know about the problem?

What are you going to do about this gap in the knowledge?

Why are you the best team or person to do this?

References used in background and literature review *(maximum 30 references)*

You know what a reference is – I'm going to talk here about formatting!

Assume that reviewers are always irritable, and looking for reasons not to fund. Humour them by making things easy to find and express your ideas as jargon-free as possible.

The rules of thumb are:

1. Lots of white space to enhance readability. If the document specifies word counts rather than pages as the limit, then use 1.15 or even 1.5 space it and use 12 point font.
2. If space due to page limits is a consideration:
    a. Use Calibri, Arial Narrow or Times New Roman as your font.
    b. Use 'specific' line spacing between paragraphs, rather than standard spacing.
    c. Try indenting paragraphs rather than spacing.
3. Don't overdo bolding, italicising, capitalising – keep important points very obvious but don't labour these tricks.
4. Break things up at times into lists (but not too often) so the reader gets a break.
5. If you can, figures and tables are also useful ways to convey information succinctly, but with good spacing.
6. Use numbered references in text to cut down word count e.g. use this[1] instead of this (Smith and Jones 2001)
7. Some words are more correctly hyphenated e.g. 'evidence-based' – which reduces your word count when you are desperate for extra words.

Aims and rationale of research *(maximum 100 words)*

For double-barrelled headings like this, always break the response down:

Rationale: Chemotherapy-induced cognitive dysfunction entails significant adverse social and functional outcomes for patients.

The **aim** of this nurse-led study is to pilot a suite of tools that measures treatment-related cognitive, affective, quality of life and functional changes in the PAH clinical setting. These data will enabling further testing in prospective, longitudinal randomised controlled trials funded by national competitive grants.

In your aim, always include the population, the setting, the approach and the short- and longer-term outcomes expected. Longer-term outcomes should always include further (but more robust) exploration in this area.

Research hypothesis *(maximum 100 words)*

Research questions or research hypothesis? Depends on method.

For intervention study:

Hypotheses must be measureable and give the direction and preferably the magnitude of change or difference expected. Where possible, an indication of how it will be measured is beneficial.

Hypothesis 1

Compared to the provision of usual care, intervention participants will demonstrate higher scores of HRQoL irrespective of their place of residence.

Hypothesis 2

Compared to the provision of usual care, intervention participants will demonstrate:

a. Higher proportion of women with body mass index (BMI) within recommended healthy weight range (e.g. BMI 20-25, waist circumference < 80cm).
b. Greater adherence to diet, exercise, sleep, alcohol and smoking recommendations.

Hypothesis 3

The intervention is more cost effective than usual care in improving HRQoL in women treated for cancer.

For exploratory or qualitative study

1) Is HSCT-A associated with changes in patient

a) cognition

b) affect

c) quality of life and

d) function during and after treatment?

2) What is the severity, pattern and duration of these changes?

Research questions must define the variables being explored very clearly.

Location of research

Detail where the research will be undertaken (e.g. university or hospital). *(maximum 50 words)*

Research Design and Data Collection

Detail research design, data collection activities, and tasks participants will be asked to complete. *(maximum 500 words)*

Operational definitions

Critical, because your measures, the way you explore qualitative data, and your data analysis are based on these.

E.g. Quality of life is defined as …..

Population, sampling and recruitment

Describe:

1. How many individuals are available from which to draw your sample
2. What your sample looks like
3. How you have determined the size of the sample you can draw from that population
4. How many individuals you anticipate consenting, refusing or withdrawing, and on what basis you make this estimate.
5. ERR ON THE SIDE OF CAUTION AND DO NOT OVERESTIMATE LIKELY NUMBERS: you'll be sprung for sure. Reviewers know it's hard to recruit to studies, particularly cancer patients.

E.g. Approximately 40 haematological cancer patients are treated with HSCT-A per year at PAH. In the past 6 years, they have ranged in age from 39-62 (mean 55) with a 2:1 male to female ratio. Allowing for a 50% refusal rate and the longitudinal nature of data collection, in the 18 months of the study data on 25 patients (16 male: 9 female) are anticipated.

Eligibility criteria

How do you decide who can be excluded from the study, and who will be excluded – and why

Withdrawal criteria

1. Withdrawal of consent
2. Are, in the opinion of the treating team, not fit for continuation in the study

Procedure

Describe the normal clinical or other procedure you are dealing with, and how you will use it to:

1. Recruit participants
2. How they will be screened, and by whom
3. How they will be referred to researcher, and by whom
4. How study will be explained to potential participants, how much time given to them to consider consenting, and who will obtain consent
5. Training of people involved in data collection, and who will undertake data collection
6. How data will be collected – time, place.

Intervention and control

If you have an intervention, describe it in some detail. Also describe control (often this is usual care).

ADDITIONAL COMPONENT FOR MANY QUALITATIVE AND QUANTITATIVE STUDIES (if there is room)

Conceptual model/theoretical framework

Clearly explain how this framework has guided the:

1. Study questions/hypotheses
2. Choice of measures or qualitative approach
3. How it will guide data analysis.

A THEORETICAL FRAMEWORK SHOULD NOT BE A GRATUTIOUS ADD-ON. IT IS EITHER FUNDAMENTAL TO THE STUDY AND GUIDES ALL STUDY PROCEDURES, OR IT SHOULDN'T BE THERE.

An example:

The study is structured according to the PRECEDE-PROCEED model([36]), a 9-phase framework that has been rigorously validated in the health promotion context. This proposed study comprises the explanatory phases (1-4) of the model. The model provides a theoretically consistent foundation for this project and for subsequent phases of related projects. These subsequent phases will develop, implement and evaluate health-promotion and risk-reduction interventions for this cohort according to the intervention and evaluation phases (5 to 9).

Concepts within PRECEDE that will be explored include:

a) *Predisposing factors*, which motivate the person to undertake recommended health practices([36]). These factors comprise the attitudes, beliefs and values underlying health behaviours, as well as those needs and abilities that influence an individual's health practices. Quality of life, dispositional optimism, psychological health and physical function are significant indicators of these factors.

b) *Enabling factors,* which are the environmental conditions that enhance the ability of individuals to practise health-promoting and risk-reducing regimens([36]). Examples include the availability, accessibility and affordability of health and community resources, such as supportive organisational structures that encourage timely follow-up.

c) *Reinforcing factors,* which are the consequences of action that determine whether the person receives positive or negative feedback and social support once they adopt a health practice([36]). These factors include social and health professional support and peer influences, such as the social support afforded by a cancer support group.

Measures

Detail relevant measures/assessments and the timing of measurements/assessments. *(maximum 500 words)*

Data collection

Client record form critical to all qualitative and quantitative studies to enhance generalisability or transferability.

Collects demographic and treatment data including age, gender, level of education, socioeconomic status, ethnicity, pre-morbid medical and emotional history, cancer regimen (including all related medications), and nature and degree of social support. As patient treatment progresses, chart data will be collected to reflect any side effects of medications and treatments, such as anaemia, that may affect study variables.

QUANTITATIVE STUDY DATA COLLECTION

Describe measures:

1. Instrument's name
2. What it measures overall, and the constructs that contribute to that overall rating
3. How it measures constructs,e.g. VAS, Likert scale
4. Where it has been used previously
5. Whether norms are published for the instrument
6. How valid and reliable it is in your population - provide alphas (α), reliability estimates (*r*)
7. How long each instrument takes to complete
8. Whether it is sensitive to changes over time and can be used as a repeat measure reliably (if using repeated measures).

When measures will be taken e.g. baseline, time 1, time 2, and what weeks these correspond to.

An example: For the purpose of this study, fatigue is defined as a persistent, subjective sense of tiredness that interferes with usual functioning, that is disproportionate to the patient's level of exertion and which is not relieved by sleep or rest[22]. The Functional Assessment of Cancer Therapy-Fatigue Scale (FACT-F) is a brief 13-item subscale of the Functional Assessment of Cancer Therapy-General (FACT-G) questionnaire. Using a 5-point Likert scale, it assesses both fatigue and its effects on normal function within the previous 7 days. It has strong internal consistency (α ranges from 0.93 to 0.95) in cancer patients undergoing treatment, with good test-retest reliability (r=0.90)[23]. It discriminates well between different haemoglobin levels and different performance status, and is also sensitive to changes over time[22]. Standardised normative data are available for comparison.

QUALITATIVE DATA COLLECTION (interviews and observation studies0

Describe:

1. Interview technique
2. Role of the researcher
3. Where the interview will take place
4. What questions will be asked
5. How the questions will be asked

Example:

The recursive interview technique will be used. This technique relies upon conversational interaction and open questioning; thus the participants mostly direct the flow and content of the interview. The researcher's primary role is, while maintaining their awareness of the theoretical model that underpins this study, to set aside any assumptions that they know all of the appropriate questions to ask and to welcome any deviations from a set line of questioning that might arise during the interviews. For example, the interviewer will remain alert to the reasoning that informs recommendations for health-promotion and risk-reduction throughout the interview, and will explore these issues with participants to maintain continuity within individual interviews, and across the interviews of all participants. However, the sequencing and content of questions will remain flexible. Relevant questions and answers will tend to arise through the recursive interaction between the researcher and the participant and subsequent examination of the transcripts, and will inform subsequent interviews with the participant in question, and with other participants. This process ensures that data meaningful to the participant are generated. Furthermore, because ideas will surface, be identified, be reflected upon and be interpreted by the interviewer, the new insights gained can be pursued in subsequent conversations. This technique enhances the collection of detailed and richly textured person-centred information. Consistent with the participant-oriented philosophy of this study, all participants will have access to their interview transcripts, an interim report based upon their interviews, and the final report. This will allow them to validate or refute the findings and to respond to the proposed recommendations as they see fit. The final report will be modified according to their evaluation.

Analysis Plan and Sample Size Justification

Detail analytical plan and justify participant numbers. *(maximum 500 words)*

Quantitative data analysis:

1. Describe how you will separately handle categorical and continuous variables.
2. Describe procedures for descriptive statistics
3. Describe procedures for inferential statistics.
4. Describe how you will handle repeated measures.

For example:

Descriptive statistics for continuous variables will be mean ± standard deviation for data approximately normally distributed and the median ± inter-quartile range otherwise. Odds ratios and proportions will be used to summarise dichotomous variables. One sample *t* tests will compare standardised neuropsychological baseline data with normative values. This analysis will indicate the level of baseline performance in this sample and determine whether there are significant differences in this group's performance relative to norms. Separate repeated measures analysis of variance will be used to compare performance on clinical measures over time.

The vexed issue of power calculations!

For small studies, it is reasonable to say "The results will be used to generate effect size estimates for subsequent power calculations". Acknowledge you are aware of the issue, but for a $15,000 CNSA grant, attaining power is not possible.

For bigger studies, use a statistician – always.

A statistician will need to know:

1. What is your research question – does the question has a measureable element in it?
2. What is the direction and magnitude of the effect you believe your intervention will have?
3. What type of variable are you analysing – continuous or categorical?

Qualitative analysis

1. Should be consistent with your theoretical framework
2. Describe how you will code, thematise and link according to that framework
3. Explain how you will deal with data that do not fit the framework.

For example:

The **interview data** will be transcribed and thematically analysed as soon as possible after each interview so that the data are still fresh in the mind of the researchers. The discrete steps in the analysis will include:

1. Integrating data analysis with data collection, while simultaneously listening and relistening to the interview tapes, and reading and rereading the transcripts. These

procedures enhance the researchers' familiarity with the data as well as the recursiveness of the research process. Analysis will be undertaken individually by the research team members, then collectively to locate major themes.

2. Asking questions of the data derived from the PRECEDE-PROCEED model and recording provisional answers to these questions.
3. Ordering the data into manageable forms by classifying the concepts arising from them into meaningful categories. All categories are provisional until found repeatedly in the text. Each category comprises an idea on which the classification is based, plus all the data in the transcripts that relate to that idea, as well as the position that concept occupies in relationship to all the other categories that arise.
4. Proposing and testing links between categories.
5. Identifying and verifying conclusions with participants and amongst the researchers with reference to the statistical data.
6. Articulation of a theoretically driven, evidence-based, flexible and sustainable description of prevalence and determinants in which to ground further studies with this cohort, which accurately represents the data obtained.

Ethical considerations

Provide a brief statement regarding the ethical implications of the research (*maximum 100 words)*

Mostly this is concerned with issues of informed consent, risk minimisation, security of data and privacy of participants.

An example:

HREC approval will be sought on confirmation of funding and received before study commencement. The test battery in this study is designed to minimise patient fatigue while measuring significant clinical variables. No physical, psychological, social or legal risks are anticipated with this study. Participants will be given a plain language consent form (PLCF) with the appropriate ethical contact details, a copy of which they sign and retain. The PLCF will clearly outline the purpose of the study and potential benefits and risks, and also inform participants that their care will not be altered as a result of non-participation or withdrawal from the study. All identifiable information will be deidentified and only the project team will have access to the coding key, kept in a password-protected area of the QUT mainframe. Raw data will also be stored according to NHMRC guidelines.

Dissemination

Provide a brief statement regarding how the results of the study will be communicated with participants and cancer nurses (*maximum 100 words)*

Submissions to national (*Cancer Nurses Society of Australia*) and international conferences (*International Society of Nurses in Cancer Care*) will be produced. A minimum of 2 papers will be developed for peer-reviewed publication in national and international cancer nursing journals such as *Cancer Nursing*. Presentations will also be made at Queensland Health forums, such as the *Advancing Key Initiatives in Cancer Care* Conference. **These data will be used to generate sample and effect sizes for competitive grants.**

This is at the back of the document, but it is often useful to do it first to help structure your plan while writing the design of your study.

Milestones List the milestones and when they are expected to be completed. Insert as many additional rows as necessary.	
Milestone and associated activities (this example excludes ethics, staff training and dissemination milestones – some grants specify these must be included)	**Expected completion date in weeks from commencement**
Milestone 1 Situation appraisal and intervention finalisation. **Associated activities** • Run 2 focus groups • Analyse focus group • Determine context-specific knowledge transfer strategies • Finalise context-relevant content and format of intervention ready for implementation.	Year 1, Weeks 1 to 13
Milestone 2 Knowledge transfer strategy implemented. **Associated activities** • Hold clinician information sessions • Hold patient information sessions • Disseminate visual and printed educational materials • Recruit and train unit level champions.	Year 1, Weeks 14 to 16.
Milestone 3 Implementation of intervention. **Associated activities** • Undertake randomised control trial.	Year 1, Week 17 to Year 2, Week 39 (i.e., 18 month RCT)
Milestone 4 Evaluation of intervention impact and translation potential. **Associated activities** • Analyse objective data from implementation trial for intervention efficacy, safety, feasibility and cost-effectiveness. • Run 2 focus groups. • Use subjective focus group data to inform further context-sensitive iteration of the intervention and potential for wider implementation beyond PAH.	Year 2, Weeks 40 to 52

4. Significance and/or innovation

Describe the originality of the research and the potential importance or impact of the project on cancer nursing and/or the health of cancer patients? *(maximum 500 words)*

Describe the project vision for Cancer Nursing and/or cancer patients *(maximum 500 words)* This may include (but is not limited to) the means by which the funding of the project will: • address areas of need regarding the health of cancer patients • lead to improved cancer patient outcomes, through innovation or the implementation or change to guidelines or policies (i.e. translation into practice) • facilitate new dimensions of cancer nursing leadership, training, team building, collaboration and leverage of external funds • integrate with your research and contribute to improved research culture and clinical practice in cancer nursing.

5. Track record of Chief Investigator

5.1 Publications

List your most significant publications from the last **five** years which are relevant to this Application and after each one identify its contribution to the field. *(maximum 1000 words)*

5.2 Key presentations (at conferences, seminars, meetings etc.)

List key presentations at conferences, seminars and meetings (only those relevant to this application). *(maximum 500 words)*

5.3 Major research grants

List all research grants (identify granting body, funds provided, co-researchers, project titles, dates you have received in the last **ten** years).
(maximum 500 words)

5.4 Career disruptions

Outline any significant career disruptions lasting longer than six months that have affected your ability to undertake hospital and health service / clinical duties or research over the last five years. Examples include pregnancy and childbirth, major illness, career responsibilities, parental leave, and industry or other work placements where research was not able to be conducted. Applicants should nominate periods of career disruption and provide a brief explanation of the reason. *(maximum 250 words)*.

5.5 Leadership and training

Detail your involvement in research and clinical/hospital and health service leadership and training duties. This may include involvement in leadership, training and mentorship; supervision of clinical staff; supervision of research staff; relevant courses or training undertaken. *(maximum 250 words)*

5.6 Achievements, prizes and awards for research and clinical/hospital and health service duties

Outline any significant prizes, honours or peer-recognition you have received for research relevant to this Application. Please include the name and brief details of the award using dot points. *(maximum 500 words)*

5.7 Other professional activities and community involvement

Outline any further significant professional activities and community involvement that is relevant to this research proposal using dot points. *(maximum 250 words)*

6. Budget

Outline your budget for the proposed project, including justification (value for money) for each item (maximum 500 words). Budget may include any direct research costs, including research assistants, contract statisticians or other relevant experts, payment for services required such as pathology, administrative costs directly associated with the research project, travel, and accommodation for data collection. The Funds may *not* be used for institutional overheads, conference travel or the Applicant's salary.

7. Identification of Mentor/Referee

Mentor/Referee	
Title	Prof, Dr, Mr, Mrs, Ms etc
First name, surname	
Research field	
Academic qualifications	
Clinical qualifications	
Institute	Hospital/university etc
Office phone number	
Mobile phone number	
Email address	
Relationship to Applicant	
Permission to contact	Yes/No

8. Chief Investigator certification

I, the Applicant, certify that all details given in this Application are correct

Applicant's certification	
Title	Prof, Dr, Mr, Mrs, Ms etc
Surname	Applicant's surname
First name(s)	Applicant's first name
Signature	
Date	[DD/MM/YYYY]